

REMARKS

Claim 13 is amended to correct a typographical error.

I. Rejection under 35 U.S.C. 103(a)

Claims 1-30 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 5,390,113 – Sampson in view of Official Notice. These claims are deemed to be patentable for the reasons given below.

Claim 1 recites an “automatic cash accounting system for use in a hospital” including “a message processor for receiving message data including a first income amount total value, representing cash income received during a first time period, an associated first income source identifier identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value; a data processor for automatically processing said received message data by, identifying an income account associated with said one of said departments based on said first income source identifier, and for updating said identified income account with said first income amount total value to indicate said first income amount total value received by said identified income account during said first time period, collating and combining data representing total values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value for said departments during said first time period and creating a financial statement record using said combined cash income total value for said departments during said first time period”. These features are not shown (or suggested) in Sampson with Official Notice.

The system of amended claim 1 supports comprehensive hospital financial management by seamlessly and automatically providing a financial statement record of treatment related income (e.g., insurance company reimbursement payments) and non-treatment related cash income such as from “various department associated with a healthcare enterprise such as: a cafeteria, a garage, a shop, a pharmacy, a café or restaurant, a cashiers office, a clinical department, an outpatient department, an inpatient department, an imaging department, and a laboratory” (Application page 6 lines 27-31). Some 20 percent of hospital revenue is typically coming from these non-treatment sources and existing accounting systems fail to comprehensively and seamlessly account for revenue from both treatment related and non-treatment related sources. The inventor has advantageously recognized that it is

desirable to provide a system enabling individual hospital department cash income to be identified and tracked separately and to track this income combined with non-cash income such as patient medical insurance reimbursement income in a financial statement report. These features are not contemplated nor addressed in Sampson with Official Notice.

In one embodiment, “on a daily basis, the system 100 uploads the cash-posting file to the patient accounting system, posts the payments to the patients accounts, and uploads the general ledger accounting file to the healthcare provider’s general ledger accounting system to post the journal entries”. Thereby, “system 100 produces a secure and automated workflow process to account for the daily revenue activities that occur for a healthcare enterprise” (Application page 17 lines 11-17). The claimed system is a “Hospital Cash Accounting” system that automates the sorting, categorizing, reporting and journalizing of “lump sum” categories of hospital’s revenue income that is used for cash forecasting and bank statement reconciliation.

In contrast, Sampson describes a system “for performing combinatorial bookkeeping” involving multi-dimensional “matrix classification of journal entries” as illustrated in Figure 2 which shows a “three-dimensional accounting matrix according to the present invention” (Sampson column 1 lines 14-18, column 4 lines 49-51, column 8 lines 47-49). Sampson with Official Notice does not show or suggest an “automatic cash accounting system for use in a hospital” including “a message processor for receiving message data including a first income amount total value, representing cash income received during a first time period, an associated first income source identifier identifying one of a plurality of departments internal to said hospital providing said associated first income amount total value”. Sampson (with Official Notice) nowhere suggests a message processor providing such a function. Similarly, Sampson (with Official Notice) fails to suggest use of a “data processor for automatically processing said received message data” by “collating and combining data representing total values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value” for individual hospital “departments during said first time period and creating a financial statement record using said combined cash income total value” for the hospital “departments during said first time period”. Sampson (with Official Notice) fails to recognize the need for such a system or the problem the system addresses. Specifically, the problem of tracking substantial and increasing amounts of hospital income coming from non-treatment cash sources including cafeteria, a garage, a shop,

a pharmacy, a café or restaurant, a cashiers office, and other sources and reconciling these cash amounts with treatment income coming from medical insurance reimbursement in a financial statement, for example. Further, Sampson (with Official Notice), contrary to the Rejection statement on page 4, contains no problem recognition or other motivation for providing the claimed system.

On the contrary, Sampson (with Official Notice) is concerned with the mechanics of bookkeeping and teaches a limited and structurally rigid system for accounting for income sources and fails to suggest any method for “collating and combining data representing total values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value” of a hospital department or any organizational unit or sub-unit. Sampson (with Official Notice) does NOT describe separate cash and non-cash accounting tracking and reporting for an organization or organization sub-unit and certainly not for individual different hospital departments. On the contrary, the only teaching Sampson makes regarding this capability is “the ledger and trial balance procedure of accounting...is a summary of individual lines of the journal entries. Distinctions involved in the basic classification of transactions become obscured in the normal bookkeeping process. A credit sale is not precisely the same as a **cash** sale, yet both are normally posted to the Sales account” (Sampson column 7 lines 7-13). Sampson apparently teaches posting of **cash** and credit (**non-cash**) income sources to the **same account** in direct contradiction to the claimed arrangement involving separate tracking of cash and non-cash transaction by hospital department. Sampson consequently does NOT show or suggest “collating and combining data representing total values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value” of a hospital department.

The Rejection recognizes that Sampson fails to mention a hospital (Rejection page 4). However, Sampson wholly fails to recognize the specific needs involved in healthcare accounting and requirements for tracking and producing a “financial statement record” of a hospital which has complex income sources (e.g. from Real Estate, Pharmacies, Labs, garages, cafés, gift shops, MRI imaging centers etc.) and income processing procedures and medical insurance reimbursement payments. The Rejection takes Official Notice that it would be obvious to modify the system of Sampson to “name a hospital as an enterprise” and that it is “old and well known that hospitals are large enterprises that generate large volumes of data entries, where each such entry has associated with it one or more items representing important information”. The Rejection then makes an unsupported leap in logic alleging that in

view of Official Notice it would be obvious to modify Sampson to provide an “automatic cash accounting system for use in a hospital” as claimed.

The Rejection takes Official Notice that it would be obvious to modify the system of Sampson to “name a hospital as an enterprise” and that it is “old and well known that hospitals are large enterprises that generate large volumes of data entries”. Even if it were obvious to modify the system of Sampson to “name a hospital as an enterprise” and that it is “old and well known that hospitals are large enterprises that generate large volumes of data entries”, this has no bearing on whether or not it would be obvious to incorporate the claimed features. There is no logic behind the Rejection inference or any description of how this conclusion is arrived at. It is acceptable for official notice to be taken of a fact of “wide notoriety”, *In re Howard*, 394 F. 2d 869, 157 USPQ 615, 616 (CCPA 1968) e.g. a fact commonly known to laymen everywhere, 29 AM. Jur 2D Evidence S. 33 (1994) or of a fact that is capable of “instant and unquestionable demonstration”, *In re Ahlert* 424 F. 2d 1088, 1091, 165 USPQ 418, 420 (CCPA 1970). However, official notice should not be taken of a fact normally subject to the possibility of rational disagreement among reasonable men, *In re Eynde*, 480 F. 2d 1364, 1370; 178 USPQ 470, 474 (CCPA 1973). It is submitted that the facts of which the Rejection in effect takes official notice, that it is well known to provide a system for “collating and combining data representing total values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value” of an individual hospital department, are neither features of “wide notoriety”, (*In re Howard*), nor capable of “instant and unquestionable demonstration” (*In re Ahlert*). On the contrary, these features are subject to the possibility of rational disagreement given the claim arrangements within which they reside. Consequently, Applicants take exception to the instances of Official notice used in the Rejection. Further, Applicants request that a showing be made of evidence that these features were well known, in the context of their respective claims at the time the invention was made.

The system of claim 1 includes “a data processor for automatically processing” received “message data” by, “identifying an income account associated” with “a hospital department” based on a “first income source identifier”, and for “updating” an “identified income account with said first income amount total value to indicate said first income amount total value received by said identified income account during said first time period”. Sampson with Official Notice does NOT show or suggest “identifying an income account associated” with “a **hospital department**”

and also fails to suggest “updating” an “identified” hospital department “income account” with a “first income amount **total** value to indicate said first income amount total value received by said identified income account during said first time period”. Sampson with Official Notice also does not suggest “collating and combining data representing **total** values from a plurality of income accounts to provide a first income amount total value representing combined cash income total value for said departments during said first time period and creating a **financial statement record** using said **combined cash** income total value for said **departments** during said first time period”.

Sampson with Official Notice does not contemplate such a system or recognize the hospital specific problems such a system addresses. Further, hospital inpatient and outpatient-billing regulatory procedures and requirements are completely different from the taxable sale billing regulations focused on in Sampson (see Sampson column 14 lines 14-25) and demand different accounting and reporting processes. Further, there is no recognition of the hospital specific problems involved in managing the financial operation of a modern complex hospital and no other reason or motivation in Sampson with Official Notice for modifying the Sampson with Official Notice system to incorporate the claimed features. Consequently, withdrawal of the rejection of amended claim 1 under 35 USC 103(a) is respectfully requested.

Dependent claim 2 is considered to be patentable based on its dependence on claim 1. Claim 2 is also considered to be patentable because Sampson with Official Notice does not show (or suggest) a system in which “said received message data identifies medical insurance reimbursement income amounts received for services rendered to multiple patients during said first time period and said data processor combines said reimbursement income amounts with said cash income total value for said departments during said first time period to provide a total amount”. The Rejection again appears to take official notice that it is well known to track hospital income from non-treatment cash sources by individual hospital department and reconcile these cash amounts with treatment income from medical insurance reimbursement in a financial statement, for example. Applicants request a showing of where such features are shown. Sampson with Official Notice does not contemplate or suggest processing hospital department revenue or **combining “reimbursement income** amounts with said **cash income total** value for said **departments”**.

Dependent claim 3 is considered to be patentable based on its dependence on claim 1. Claim 3 is also considered to be patentable because Sampson

with Official Notice does not show (or suggest) the feature combination of claim 1 in which “said message data includes a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier, and said data processor, identifies an income account associated with said patient based on said patient identifier, and updates said identified patient income account to reflect said medical insurance reimbursement income amount value received and **creates said financial statement record** using said combined **cash income total value** and data derived from said **patient income account**”. Sampson with Official Notice does not suggest such a feature combination.

Dependent claim 4 is considered to be patentable for reasons given in connection with claim 1 and because of its dependence on claim 1. Claim 4 is also considered to be patentable because Sampson with Official Notice does not show (or suggest) “said message data includes a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier, and said data processor, identifies an income account associated with said patient based on said patient identifier, and updates said identified patient income account to reflect said medical insurance reimbursement income amount value received and creates said financial statement record using said combined cash income total value and data derived from said patient income account”. The Sampson with Official Notice system does not contemplate or suggest processing hospital department revenue together with “**creating**” a “**financial statement record** using said **combined** cash income **total** value and data derived from said **patient income account**”.

Dependent claim 5 is considered to be patentable based on its dependence on claim 1. Claim 5 is also considered to be patentable because Sampson with Official Notice does not show (or suggest) the feature combination of claim 1 in which “said received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department, and said first income amount total value comprises a total transaction income amount value for said first time period”. As previously explained, Sampson with Official Notice does not contemplate or suggest processing hospital department revenue

Dependent claim 6 is considered to be patentable based on its dependence on claims 1 and 5 and because of the additional limitation it comprises.

Dependent claim 7 is considered to be patentable based on its dependence on claims 1 and 5. Claim 7 is also considered to be patentable because Sampson with Official Notice does not show (or suggest) the feature combination in which the “said received message data comprises a file and an individual cash transaction comprises an electronic funds transfer”.

Dependent claim 8 is considered to be patentable based on its dependence on claim 1. Claim 8 is also considered to be patentable because Sampson with Official Notice does not show (or suggest) the feature combination in which “said received message data identifies medical insurance reimbursement income amounts for multiple patients, and an individual message data item includes a medical insurance reimbursement income amount value and an associated patient identifier, said patient identifier identifying one of a plurality of patients providing said associated medical reimbursement income amount, said data processor identifies an income account associated with said one of said patients based on said patient identifier, and updates said identified income account to indicate said medical insurance reimbursement income amount value received and creates said financial statement record using said combined cash income total value and data derived from said patient income account”. As previously explained, Sampson with Official Notice does not contemplate or suggest processing hospital department revenue or creating a “financial statement record” using hospital department “combined cash income total value” together with “medical insurance reimbursement income amount value” derived from a patient “income account” record.

Amended independent claim 9 is considered to be patentable for reasons given in connection with claim 1. Claim 9 is also considered to be patentable because Sampson with Official Notice does not show (or suggest) “said received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department, and said first income amount total value comprises a transaction income amount value, and said data processor accumulates a plurality of individual cash transaction income amount values for transactions performed during said first time period for said **hospital department** to provide a cumulative total value for said first time period”. As previously explained, Sampson with Official Notice does not contemplate or suggest processing hospital department revenue in combination with accumulating a “plurality of individual cash transaction income amount values for transactions performed during said first time period for said **hospital department** to provide a cumulative total value”.

Claim 10-14 are considered to be patentable based on their dependence on claim 1 and any intervening claims for the reasons given in connection with preceding claims.

Amended independent claim 15 is considered to be patentable for reasons previously given in connection with claims 1, 2, 4 and 8.

Dependent claim 16 is considered to be patentable based on its dependence on claim 15. Claim 16 is also considered to be patentable because Sampson with Official Notice does not show (or suggest) the feature combination in which “said received plurality of messages comprise a file, and said individual message is conveyed within said file and said messages include a medical insurance reimbursement income amount value for services rendered to a particular patient and an associated patient identifier, and said data processor, identifies an income account associated with said patient based on said patient identifier, and updates said identified patient income account to reflect said medical insurance reimbursement income amount value received and creates said financial statement record using said combined cash income total value and data derived from said patient income account”. As previously explained, Sampson with Official Notice does not contemplate or suggest processing hospital department revenue or creating a “financial statement record” using hospital department “combined cash income total value” together with “medical insurance reimbursement income amount value” derived from “said patient income account”.

Amended independent claim 17 is considered to be patentable for reasons previously given in connection with claims 1 and 9.

Claim 18-25 are considered to be patentable based on their dependence on claim 17 and any intervening claims for the reasons given in connection with preceding claims.

Amended independent claim 26 is considered to be patentable for reasons previously given in connection with claims 1, 2, 4 and 8.

Claim 27-30 are considered to be patentable based on their dependence on claim 26 and any intervening claims for the reasons given in connection with

preceding claims. Consequently withdrawal of the Rejection of claim 1-30 under 35 USC 103(a) is respectfully requested.

II. Information Disclosure Statement

Enclosed is an Information Disclosure Statement pursuant to 37 CFR 1.97 including references cited in a search report for a foreign corresponding case. It can be seen the principal reference cited (Barber) has been previously addressed. The cited references are not deemed to disturb the patentability of the claims as previously amended.

In view of the above amendments and remarks, Applicants submit that the Application is in condition for allowance, and favorable reconsideration is requested.

Respectfully submitted,



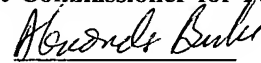
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Alexander J. Burke

14 February 2005
Date